

Inspection Report

2023-2024

1st Care at Home

Domiciliary Care

5 March 2024

**Under the Regulation of Care Act 2013 and
Regulation of Care (Care Services) Regulations 2013**



Isle of Man
Government
Kelleys Eilan Vannin

DHSC

We carried out this inspection under Part 4 of the Regulation of Care Act 2013 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements, regulations and standards associated with the Act. We looked at the overall quality of the service.

We carried out this announced inspection on 5 March 2024. The inspection was led by an inspector from the Registration and Inspection team.

Service and service type

1st Care at Home is a domiciliary care agency. The service arranges the provision of personal care and support with or without practical assistance to those in their own private dwelling across the Isle Of Man.

People's experience of using this service and what we found

To get to the heart of people's experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our key findings

Areas for improvement are required in relation to staff training, medication competency, Disclosure and Barring Service (DBS) checks, care records and the annual report.

Systems were in place to protect people from the risk of abuse. People said that they felt safe with the staff who came into their home.

Initial assessments were completed on people and used to develop care plans and risk assessments. Care plans were well written and clear to follow.

People confirmed that they were fully involved in their care and in the care record reviewing process.

Staff were familiar with people's needs and preferences. The provider was involving people in accessing the wider community.

Systems were in place for the review of the quality of care and experience of the people using and working in the service. Staff felt supported by the management.

Improvements were made in relation to areas of improvement made on the last inspection.

About the service

1st Care at Home is a domiciliary care agency.

Registered manager status

The service has a registered manager. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of Inspection

This inspection was part of our annual inspection programme which took place between April 2023 and March 2024.

Inspection activity started on 1st March 2024. We visited the service on 5 March 2024.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR), notifications, complaints/compliments and any safeguarding issues.

During the inspection

We spoke with the registered manager and three staff members. We reviewed a range of records, including peoples' care records and staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance, complaints, staff training and staff supervisions and appraisals were reviewed.

After the inspection

Four service users / family members were spoken to, as well as two staff members.

SECTION C Inspection Findings

C1 Is the service safe?

Our findings:

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. The service does require an improvement in this area.

This service was found to be safe.

Assessing risk, safety monitoring and management

Systems and processes to protect people from the risk of abuse were in place. Policies and procedures concerned with safeguarding and whistleblowing had been written. Staff members had received training on safeguarding and were aware of what should be reported as a safeguarding concern.

Service user feedback confirmed that they felt safe with the staff who came into their home.

Incidents / accidents / near misses and safeguarding concerns were being recorded and notifications submitted. Management were able to identify any trends following any incident or accident by analysing daily records and incident forms.

Staff said that there was a culture in which staff were encouraged to raise concerns / queries with management.

Risk assessments were being completed on the person themselves and their home environment.

The manager explained how the safety of equipment used in a person's home was monitored.

Paper care records were being stored securely in the provider's office with paper records also kept in peoples' homes.

Staffing and recruitment

The records of eight staff who had started at the agency since the last inspection were examined. All required pre-employment checks had been completed. DBS checks were in place for all staff but one staff member's DBS had lapsed.

Learning lessons when things go wrong

The management team had oversight of all incidents, accidents and missed calls and acted accordingly following a review of an incident etc.

Action we require the provider to take

Key areas for improvement:

- Action must be taken to ensure all staff are up to date with their DBS checks. [This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing.](#)

Inspection Findings

C2 Is the service effective?

Our findings

Effective – this means we looked for evidence that people’s care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. The service does require improvements in this area.

This service was found to be not always effective.

Assessing people’s needs and choices; delivering care in line with standards, guidance and the law

Initial assessments were undertaken which were then used to develop care plans and risk assessments. Care plans / risk assessments were well written and clear to follow. Risk assessments were not always being reviewed every six months. One person’s care records – about me document, care plan, risk assessments and personal emergency evacuation plan – had not been regularly reviewed.

Service user / family members confirmed that they were fully involved in the planning and reviewing of their care.

Where required, health professionals were involved in an individual’s care to manage their needs.

Policies and procedures concerned with anti-discriminatory practice had been written.

The management team had knowledge and understanding of the needs of the people using the service.

Staff support; induction, training, skills and experience

New staff completed a formal and recorded induction process. Shadowing experienced colleagues formed part of the induction. One staff member had not received first aid training on induction. All other staff had received mandatory training and refresher training. Where required, staff received additional training to meet the needs of individuals. Staff feedback confirmed that they had received relevant training to meet the needs of the people to whom they provided care and support.

Staff were being supported to attain relevant qualifications.

Observations of staff practice – ‘spot checks’ – were being carried out by the management team annually. Staff medication competency assessments took place on these checks. The majority of the staff had their competency to administer medication regularly assessed, but one staff member last had this assessment completed in 2022. It is recommended that in order to demonstrate consistency with assessing medication competency, the detailed competency assessment paperwork used for an initial assessment, is used.

Staff supervisions were taking place as well as annual appraisals. Staff meetings were occurring, as well as management meetings.

Action we require the provider to take

Key areas for improvement:

- Action must be taken to review risk assessments when a person's needs change, or at least every six months.
This improvement is required in line with Regulation 13 of the Care Services Regulations 2013 – Service recipients plan.
- Action must be taken to review a person's care records as changes in circumstances require, but at least annually.
This improvement is required in line with Regulation 13 of the Care Services Regulations 2013 – Service recipients plan.
- Action must be taken to ensure new staff complete all mandatory training within the induction / probationary period.
This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing.
- Action must be taken to ensure all staff have their competency to administer medication assessed annually.
This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing.

Inspection Findings

C3 Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. The service does not require any improvements in this area.

This service was found to be caring.

Supporting people to express their views and be involved in making decisions about their care

People confirmed that staff had enough time to provide care and support to them in a caring and compassionate way. Rotas were scheduled so that people had the minimum of a half hour visit.

Staff said that people were listened to. People themselves or a family member were involved in the care plan review process.

Records confirmed that management were making referrals to other services for wider help and advice.

A client user guide was given to people at the start of them receiving a service. We were informed that large print versions were available on request.

People were asked their opinions on the service they were receiving as part of the provider's quality assurance process.

How are people's privacy, dignity and independence respected and promoted?

People confirmed that they were treated with care, dignity and respect.

Care plans were written in such a way as to promote independence.

We were informed that preferences as to the gender of staff going into their home was discussed on a person's initial assessment.

Personal information was kept secure and confidential. The client user guide contained information on confidentiality and data protection.

Inspection Findings

C4 Is the service responsive?

Our findings:

Responsive – this means we looked for evidence that the service met people’s needs. The service does not require any improvements in this area.

This service was found to be responsive.

Planning personalised care to ensure people have choice and control to meet their needs and preferences

Staff were familiar with people’s needs and preferences. Care records identified people’s needs and provided guidance for staff on how those needs were to be met. Generally care records were updated when required / regularly and there was evidence of service user / family involvement in the planning of their care and review process.

The provider was involving people in the wider community, such as introductions to day centres and accessing activities in general.

Improving care quality in response to complaints and concerns

The provider had a complaints policy and procedure which formed part of people’s care records kept in their home. Information on the complaints process formed part of the statement of purpose and client user guide given to people, as well as in individual contracts.

The annual quality assurance visit to service users gave the person the opportunity to discuss any concerns. Information on complaints formed part of the provider’s annual report.

Feedback from people confirmed that they would feel comfortable in making a complaint if required.

No complaints had been made or recorded.

Inspection Findings

C5 Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. The service does require an improvement in this area.

This service was found to be well-led.

Does the governance framework ensure that responsibilities are clear and that quality performance and risks and regulatory requirements are understood and managed?

Systems were in place for the review of the quality of care and experience of the people using and working in the service. This included management oversight of the written daily records, spot checks, incidents and accidents, reviewing of care records and an annual quality assurance visit to people. Following the quality assurance visit to people, any learning outcomes from feedback did not form part of the provider's annual report.

Care staff were receiving regular supervisions and annual appraisals. Staff were clear on their roles and responsibilities and delegation was being carried out in order to develop skills and expertise across the management team.

Staff feedback confirmed that the management were supportive and approachable.

Appropriate insurance cover was in place.

How does the service work in partnership with other agencies?

There was evidence that the provider worked in partnership with other organisations and health professionals, including local wellbeing partnerships.

The manager was aware of their responsibilities of being a manager of a registered service. This included regular contact with the regulator, submission of notifications and referrals to the safeguarding team.

Action we require the provider to take

Key areas for improvement:

- Action must be taken to include outcomes from the quality assurance visits in the annual report.

This improvement is required in line with Regulation 23 of the Care Services Regulations 2013 – Review of quality of care.

If areas of improvement have been identified the provider will be required to produce an action plan detailing how the areas of improvement will be rectified within the timescales identified. The R&I team will follow up and monitor any actions undertaken.